A CASE OF PYELITIS ASSOCIATED WITH ENTAMOEBA HISTOLYTICA

ΒY

J. L. PAWAN, D.P.H. government bacteriologist, trinidad, b.w.i.

(Received for publication 25 March, 1926)

Patient F., aet. 58, suffered from periodic attacks of dysentery with blood and mucus and Entamoeba histolytica in stools, relieved by emetine injection, last attack being in end of November, 1925. On December 27th, she showed signs of acute cystitis, e.g., frequent and painful micturition, burning sensation in urinary meatus, pain and tenderness over bladder, acid urine containing mucus and albumen. There was no vaginitis. The condition cleared up with the rest, urotropine, etc. On January 6th, 1926, patient developed sudden acute pain and tenderness in the left loin over the kidney region, with rigors and a temperature ranging from 104.8°F. to 101.4°F. She was treated with alkaline diuretic mixture and urotropine, but was only slightly relieved. The temperature persisted, being, on 12th January, 101° and 100.4° F. On that day the urine was examined microscopically. It showed pus, bladder and renal cells, and *Entamoeba histolytica* (vegetative form). A blood count showed Poly. = 91.9 per cent., Lympho. = 3.2 per cent., Eosin = o per cent., Large Mono. = 1.9 per cent., Myelocyte = 3.0 per cent. One-and-a-half grains of emetine was given subcutaneously on the morning of the 13th, and a catheter specimen of urine carefully taken. This also showed Entamoeba histolytica. Towards the evening of that day the temperature fell to 99° F., and the following morning (14th) it was 98.4° F., when a further half grain of emetine was given. The temperature remained normal and from the evening of the 14th all the symptoms cleared up. Patient has remained well since. Repeated examination of urine showed no calculus and urine of 19th was normal and showed no entamoeba. Dobell states that Baelz (1883) was the first to describe *E. histolytica* as occurring in the urine. Craig (1911), Fischer (1914), and Walton (1915) have also described cases. Castellani and Chalmers mention cases of amoebic pyelitis reported by Posner and Chalmers, and O'Farrell, and recognise the condition as a definite clinical and pathological entity.

I am indebted to Dr. V. M. Metivier for the clinical notes.